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CONFIRMATION NO. 1031

<b>SERIAL NUMBER</b> 10/765,526	<b>FILING OR 371(c) DATE</b> 01/27/2004 <b>RULE</b>	<b>CLASS</b> 711	<b>GROUP ART UNIT</b> 2189	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *Yes ND*  
 This appln claims benefit of 60/443,393 01/29/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *ND*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 06/10/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 6
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Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials *ND*

**ADDRESS**  
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**TITLE**  
 Write protection for computer long-term memory devices with multi-port selective blocking

<b>FILING FEE RECEIVED</b> 541	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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